



**NEW HAMPSHIRE PARI-MUTUEL COMMISSION**  
**78 REGIONAL DRIVE, CONCORD, NH 03301**  
**TELEPHONE: (603) 271-2158 FAX: (603) 271-3381**

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**Reviewed by:** \_\_\_\_\_

**GAMES OF CHANCE DATA VERIFICATION FORM** (for Charitable Organizations)

Name of the Charitable Organization: \_\_\_\_\_ Identification #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Head of the Charitable Organization: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Chairperson of the Charitable Organization: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Treasurer of the Charitable Organization: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Hall Manager's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

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"I certify, under the penalties of perjury pursuant to RSA 641:3, that the information provided on this form is true, accurate and complete."

Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_